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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 27-2

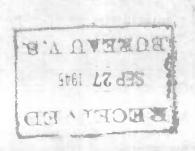
09265

Date signed Sept. 14174

		CERTIFICA	TE OF DEATH Reg. Dist. No. 2 6 5		
City or town(I How long in above pla Hospital, institution,	Somer Crist Grist Goutside city or town li ace of death? 5 m or street address where	1e1d mits, write RURAL and give nearest town) Onths & 1 da. death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Somerset City or town. Crisfield (If outside city or town limits, write RURAL and give nearest town) Street No. 31 Chesapeake Ave. (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 9 4.		
Male	White		20. DATE OF DEATH. L 1975 at M		
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.75 to 19.75 and that I last saw have alive on 52.7. 1.4.10.75 Immediate gause of death OURATION		
8. AGE: Ye	ars Months	Days It less than one day Lhrsmin	Bankary Dysendery Hday		
9. Birthplace Crisfield—Somerset—Maryland (Town, county, and state) 10. Usual occupation			Oue to		
12. Name	Stephen	Barnes	Other conditions		
		Virginia	(Include pregnancy within 3 months of death)		
14. Malden nam	Doris E.	Kellam			
15. Birthplace	Onancock	. Virkinia	Major findings of operations		
16. Interment	Stephen	Barnes	Autonsy results.		
Address		peake Ave. Crisfield	DIVERGIAN Divers and office the same to which doubt should be abound statistically		
17. Burial (Burial, cremation, or removal, Which?) Date thereof Sept. 16, 1945 (month) (day) (year)			22 VIOLENCE, If death was due to external sauces fill in the following:		
cemetery or crematory Mt. Holly Cemetery					
Location Onancock, Virginia			Injured at home, farm, industry, public place (where?)		
18. Funeral director H. Harvey Bradshaw			Means of Injury Injured at work?		
Address Grisfield, Maryland 19. 9/15/46 19 6. 6. Collins m. D.			23. SIGNATURE B. M. D. or other M. D. or other		

Registrar

Address..



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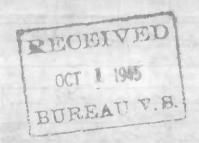
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33d)

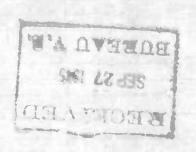
CERTIFICATE OF DEATH

19266 Reg. Dist. No. 960

	Aeg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town (If ourside rify or town limits, write kulkal, and give nearest town)	State Mary land County Domerse
111 714.111	City or townFair
How long in above place of death? Hospital, institution or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Sept 28,1948 AM	Street No.
How long in hospital or Institution?	(If rural, give LOCATION) 2.(a) Il veteran, name war
3. (a) FULL NAME	
Charles. V. Den	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mul married	20. DATE OF DEATH Sept. 28 1945 21 6; A. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10
7. Birth date of deceased (mo., day, yr.) tame 44 - 1877	and that I last saw kailve on
8. AGE: Years Months Days If less than one day	Immediate pase death DURATION
48hrsnin.	Karonice ony conduction
8 700 201	
9. Birthplace	Due to
10. Usual occupation. Maleuneco	
	Due to
11. Industry or business	
12. Name Denne 13. Birthplace Manne	Diher conditions
14. Maiden name	(Include pregnancy within 3 months of death)
N 15. Birthniace	Major findings of operations
16. tolormant Dina Benett	Autopsy results.
7.11 T	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address Apper Transmission	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or rerodys) Which?) Date thereof Stronth) (day) (year)	Aggident, suicide, or homboide
Cemetery or crematory	Where did injury occur?
Location Designation Control of the	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Trobal Massingust, Mg	V. Kriech
8017. 198 45 X 3/11	23. GGNATURE M. D. or other
(Dice rec'd by registrar)	bytterm on 0/28-40



0	of year of birth is shown on 2411 N. Charle	PARTMENT OF HEALTH os St., Baltimore (1926)		
information carefully. The correct of death clearly and legibly.	CERTIFICAT 1. PLACE OF DEATH: County	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veleran, name war.		
ormat	3. (a) FULL NAME Milton bathu	3. (b) Social Security Number 2/3-09-4844		
A15 MARGIN RESERVED FOR BINDING EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Married Married Married Married Married Married Married 6.(b) Name of Institution or wife 6.(a) Single, married, widowed, or divorced Married Married Married 6.(a) Single, married, widowed, or divorced Married Married Married 6.(a) Single, married, widowed, or divorced Married 6.(a) Single, married, widowed, or divorced Married 6.(a) Single, married, widowed, or divorced Married 6.(a) Single, married, widowed, or divorced 6.(a) Single, married, widowed, or divorced Married 6.(a) Single, married, widowed, or divorced 6.(a) Single, married, widowed, or divorced 6.(a) Single, page 6.(a) Single, pa	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that f attended deceased from 19.1. 10. 3. 19.1. and that f last saw h. alive on 19.1. Immediate cause of death. DURATION Due to (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) M. D. or other		
VS	19. $\frac{9/4}{\text{(Date fee'd by registrar)}}$ 19. 6. 6. 6. colling the Registrar	Address Cris iel m Date signed Sept 194		



09268

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (#8-6)

270

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn Infants give residence of mother) Somerset Maryland Somerset Crisfield (If outside city or town limits, write RURAL and give nearest town) Crisfeeld How long in above place of death? 39 years (If outside city or town limits, write RURAL and give nearest town) 218 Main Street Hospital, Institution, or street address where death occurred: Adw W. McCready Memorial nospita (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Georgia Davenport 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION White Widowed Female Reese Davenport 6.(b) Name of husband or wife..... all 7. Birth dale of May 13, 1905 deceased (mo., day, yr.) DURATION Immediate cause of death It less than one day 8. AGE: Years 40hrs. Crisfield-Somerset-Maryland (Town, county, and atate) 10. Usuat occupation House wife 11. Industry or business Daniel Edward Sheehee Cambridge, Maryland (Include pregnancy within 3 months of desth) 14. Maiden name Lucy A. Bilzzara
15. Birthplace Crisfield, Maryland 14. Maiden name Lucy A. Blizzard Leon Sheehee 16. Informant..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 4610 Popular Ave. Balto. . Md. 22. VIOLENCE: If death was due to external causes, fill in the following; 17. Burial.
(Burial, cremation, or removal, Which?) Dale thereot Sept. 16, 1945.
(month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cometery or crematory Crisfield Cemetery (County) Crisfield, Maryland Injured at home, tarm, industry, public place (where?) Injured at work? Means of Injury 18. Funeral director H. Harvey Bradshaw Crisfield, Maryland 23. SIGNATURE

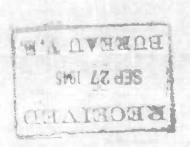
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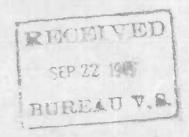


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 161-

09264

4	CERTIFICAT	E OF DEATH Reg. Dist. No. Q. Q. Q.
7	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County County Clify or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME Betty Jane Jone	
	4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced 5: ng/e	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sept. 17, 1945 3 30 /m
- 11	6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month Days if less than one day hrs. min.	and that Hest saw n
	9. Birthplace	Due to
	11. Industry or business	Due to
	11. Name George Ward 12. Name Deorge Ward 13. Birthplace h: ladelphio, Pa,	Other conditions
	14. Malden name hile Jones 15. Birthplace Princess Anne	Major findings of operations
	16. Informant bile dones l'allins Address Princess Anne	Autopsy results
	17. Burial, cremation, or removal. Which?) Cemetery or crematory. The state of the control of t	22. VfOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
	Location Green wood- Pr. Anne md	Injured at home, family, public blace (where?)
	18. Funeral director LAM Same STORM	3. SIGNATURE TRUNK. Loufford M. W
	19. Sept. 19. K. J.	Address Trivas One My Date signed The Land



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.C.

Reg. Dist,	272	6	5
Reg. Dist,	No.		

	Reg. Dist. No. 4. P.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Somerset City or town (if ootside city or town limits, write RURAL and give nearest town) Street No. Broadway (if rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number	
Robert Kelley		
Male Colored Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF BEATING AT 7.30 PM	
6.(6) Name of husband or wife	and that I last sw h	
8. AGE: Years Months Days It less than one day 39 8 24	Immediate cause of death DURATION	
9. Birthplace??	Bug to Biher coefficients	
	(Include pregnancy within 3 months of death)	
14. Walden name	Major findings of operations	
16. Interment Amanda Ward	Autopsy results	
17. Burial Date thereof Sept. 17.194 (Borial, cremation, or removal. Which?) (month) (day) (year) Cemelery or crematory. Lawsonia Cemetery	22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Crisfield, Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director H. Harvey Bradshaw	Manual II. R	
Address Cristield, Maryland 19 9/15/45 19 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2) SIGNATURE II J. O OULDOURS M'N)	
(Date rcc'd by registrar) Registrar	Augest Alace De la Company De	

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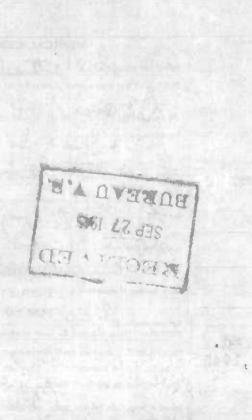
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /7000

OPPITITIONER OF BELIEVE

CERTIFIC	CAIL OF DEATH Reg. Diat. No. 2
1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Crisfield	
City or town. (If ontside city or town limits, write RURAL and give nearest town)	State Maryland county Somerset
How long in above place of death? 7 days	City or town (If outside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where death occurred:	Street No.
McCready Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution? 7 days	
3. (a) FULL NAME	3. (b) Social Security Number
George Lane	그 이 이 아니다. 그가 없네요. 그런 그 뭐 그런 얼마나 있다는 다니까.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	Solte and the 80
mare poroted Drugge	20, DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred in the date above stated; that I altended deceased from
B.(c) It alive, give age	vears 19
7. Birth date of	and the last saw h. alive on 9
deceased (mo., day, yr.) ?	Immediate cause of de th DURATION
0.1102	
	- Tractured ARW
8. Birthplace Kingston-Some rset-Maryland (Town, county, and state)	We ft
T - L conser	
	Due to
11. Industry or business Truck farms	- 1 was our of week our
James Lane 12 Name	on the road while
	(Include a factory) that From the or dear OU DO LATT.
14. Maiden name Ellen Jones 15. Birthplace Marunsco, Maryland	
15. Birthplace Marunsco, Maryland	Major findings of operation DEPUTY MEDICAL EXAMINER
Man Manda Water	FOR SOMERSET COUNTY, MD.
	PHYSICIAN: Please underline the canse to which death should be charged statistically.
Address Broadway, Crisfield, Md.	22 VIAI ENCE, If death war this to evigend someon fill in the following.
Burial Bate thereot Sept. 12, 194 (Burial, cremption, or removal, Which?)	5 rode Sulfide a homicial carding pass pt 2-43
Cemetery or crematory Centenial Cemetery	Where the life described of the second
	(City) or town) (County) (State)
Location Fairmount, Maryland	tolured at home, farm, industry, public proce (habre?)
18. Funeral director H. Harvey Bradshaw	weath of the land the state of
Address Crisfield, Maryland	must to a love in Mix
0/1 000	23. JIGNATURE J. J. M. D. COLING
19. (Date ree'd by registrar) (Date ree'd by registrar) Regi	strar stees restilled Monard \$11-1945



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: Somerset				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Crisfield (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 11 days				State Maryland County Somerset P City or town RURAL, Marion (If ontside city or town limits, write RURAL and give nearest town)		
McCready	or street address where Memoria or Institution? 11	L Hos	ital	Street No		
3. (a) FULL NAM			L. Matthews		3. (b) Social Security	y Number
4. Set Male	5. Color or race White		o, married, widowed, or divorced	MEDICAL CE 20. DATE OF DEATH.	RTIFICATION 30 19 45	a. S 30 Q
6.(b) Hame of husban 7. Birth date of	•••••		e) If allve, give age 62 years	and that I last saw h	5 , to Sept 30	0 19.55
8. AGE: Yea	rs Months	Der 1 Days	7 , 1880 If less than one day	Immediate cause of death Sel 7/4		
9. Birthplace Somerset County, Maryland (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. John L. Matthews 13. Birthplace Somerset County, Maryland 14. Malden name. Rosetta Dennis 15. Birthplace West Post Office, Maryland				Due to Caraman Haman		
				Other conditions Classes Sand	acla,	1 / /
				(Include pregnancy within 3 m		
16. Informant	Clarence Marion,	***************************************		Autopsy results		d statisticaDy.
Burial Date thereo Setober 3,1945 (Buriai, cremation, or removal. Which?) (month) (day) (year) St. Pauls Cemetery Cemetery or crematory Marion, Maryland H. Harvey Bradshaw				22. VIOLENCE: It death was due to external caus Accident, suicide, or homicide	Date of	
				tnjured at home, farm, industry, public place (who		
Address Crisfield, Maryland 10/2 Address Gurelia B. Januson			***************************************	23. SIGNATURE LINE OF COMMENTS AND ADDRESS OF WILLY STORY OF COMMENTS AND ADDRESS OF THE PROPERTY OF THE PROPE	Classon M. D	or other



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NFADING INK. Supply every item of information carefully t. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

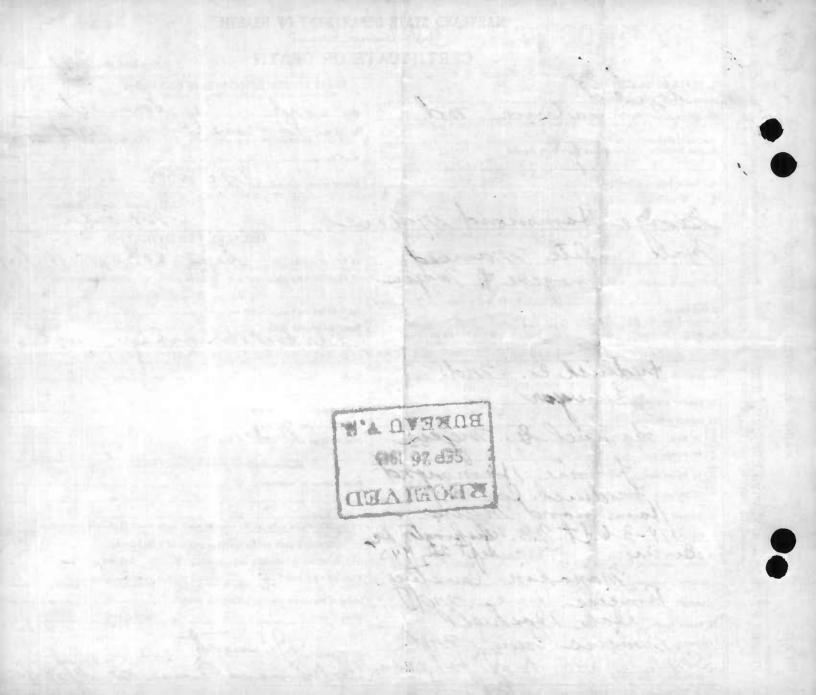
CERTIFICATE OF DEATH

			di
Reg.	Dist.	No.	960

09273

1. PLACE OF DEATH: Lowerest	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn inferts give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Common Com
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Astitution or street address where death accurred:	Street No. P.O. # 1.
M. FEI.	(If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, name war
3.(a) FULL NAME addie Frances	McGee 3. (b) Social Security Number
4. Sex 5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Level Whit Widow	1 + 1 1 45 45- 10257
gentle the	2D. DATE OF DEATH 19 3 , at
6.(b) Name of husband or wife Charles Henry Mise	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
h n	august 15 19 40 10 Seft 1 1948
7. Sirth date of Search and Searc	and that I last saw harmalive on 19 Sept.
deceased (mo., day, yr.) Jan, 14-1862	
8. AGE: Years Months Days If less than one day	Immediate cause of death
83 7 7 17min	
Polomoh. Md.	1 1 C. Ta a selection
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	
1 71	Due to
11. Industry or business	
12. Name Proceed to Manager 13. 81 rth place Amuset 6. Mad.	Dther conditions
13. 8irtholiste Symund a. Mad.	
W Engl Him	(Include pregnancy within 3 months of death)
14. Malden name Estily Henry 15. 8irtifolace	Major findings of operations
\$ 15. 8irtificiace	Date of op.
16 Intermentes. Make Cleaffer	Autopsy results
Double Pi - El de Da	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address N. H. Minteste flume 1112	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Bured Which? Date thereof Sept. 3, 1945	
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Manday Jobbs	Where did injury occur?
Location law Brough lower Lef	Injured at home, farm, Industry, public place (where?)
Italling Jo G Phelter P The	Means of Injury Injured at work?
18. Furient director 1. The state of the sta	1
Address fallely Mily graff.	SIGNATURE Trank heating he to
1. 1. 1. 1. 1. 1. 1. V. June	SIGNATURE M. D. or other
(Dat rec'd by registrar) Registrar	Address Date signed Jap 7.2 19 v
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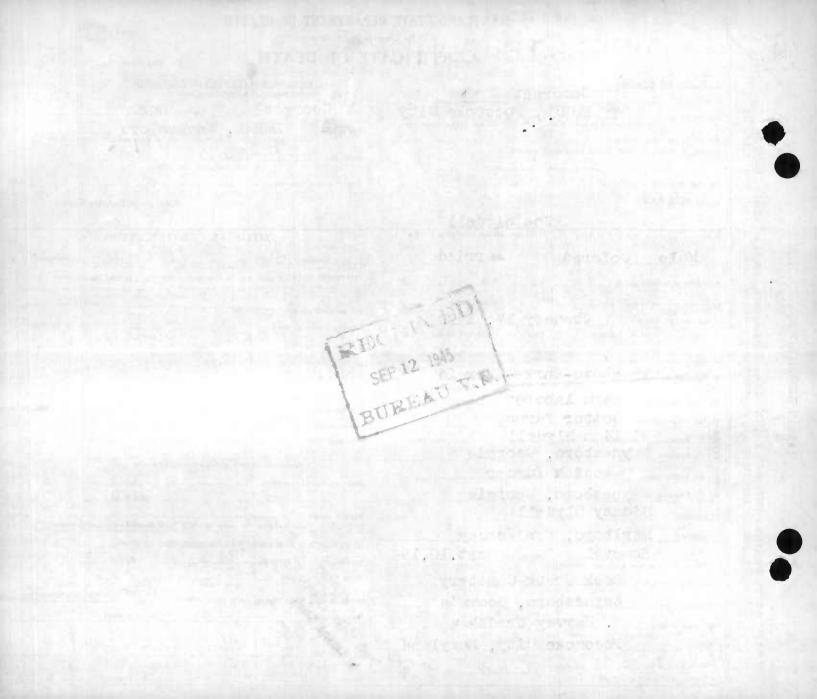


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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
LOVOIT	
City or town. RURAL POCOMOKE (If outside city or town limits, write RURAL and give nea	1111011101111 W 11010100
How long in above place of death?	City or town RURAL, Waynesboro (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. # RFD 1
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joe Slydell	Nœ
4. Sex 5. Color or race 6.(a) Single, married, widowed, or	divorced MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATH 20 19 3 20 T. B
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) if alive, give age	19
7 Right date of	and that Liast saw halive on
deceased (mo., day, yr.) January 17, 1910	
8. AGE: Years Months Days If less than one do	Lymphale a deplement 5
35 7 22hrs.	min.
s. Birthplace. Waynesboro-Burke-Georgia (Town, county, and state)	Due to
10. Usuat occupation. Farm laborer	
11. Industry or business Cottor farms	Due to
	Dther cooditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mosiak Turner	Major findings of operations.
15. Birthplace Waynesboro. Georgia	Date of op.
14. Maiden name. Mosiak Turner 15. Birthplace Waynesboro, Georgia 18. Informant. Sidney Slydell	Autopsy results.
	PHYSICIAN: Please underlino the cause to which death should be charged statistically.
Address Marlboro, New Jersey	22. VIOLENCE: 11 heath was due to external causes, fill in the following:
17. Removal Dale thereof Sept. 1 (month) (dimonth)	0.1945. Accident, suicide, or homicide. Date of
Cemetery or cromatory Rock Creek Cemetery	Where did layery accur?
Location Waynesboro, Georgia	Injuries at home, famp, Industry, public place (where?)
18. Funeral director. H. Harvey Bradshaw	Means actinium Injured at work?
Address Pocomoke City, Mary	// wha INTO MERATURE
19 Dept 10 19 45 anne Co.	Whata Premile of M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20-2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md County Sames of
City or town(If outside city or town limits, write RURAL and give nearest town)	Rad I - Od
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
itospital, institution, or street audices where acets occurred	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteras, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lilla Blizeleth Francisch	onus 217-09-5-306
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T'el Colored Married	20. DATE OF DEATH Seft 26 1945 at 10 CA
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give age 34 years	19 45 10 Jl 26 19 83
7. Birth date of deceased (mo., day, yr.) Italy 9-1908	and that I last saw have all ve on
8. AGE: Years Months Days I fless than one day	Immediate cause of death William DURATION
37) 17nin.	and De 7 Not 40%
marin America bod	Rusta
9. Birthplace (Town, county, and state)	SUE (V.
10. Usual occupation decipo de Moria	Due to Telamo of When futh.
11. industry or business	Carlina !
= 12. Name to haales to tingham	Diher conditions Day Alexander
13. Birtholace masion someret (o mg	(Include pregnancy within 3 months of death)
H 14. Maiden name / Seatha / Oliver	Major findings of operations allumning Tulman Julane
15. Birthplace Hopewell somewid to ma	Date of op. Sept 20 45
16. Informant Fhas S. Miles	Antopsy results.
Address marion mde	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1-67 88. 19414	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Marion Marion	injured at home, farm, industry, public place (where?)
18. Funeral director The ces # Works	Means of injury tnjured at work?
Address Mession Md.	5 00 11 7.5
9/39/40 + 8 P. No no	23. SIONATURE M. D. or other
(Date rec'd by registrar)	Address nursay sto son Date signed 44 29.45

BUREAU BUREAU



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19-6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Same Col	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town. Cario Land
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 12000 and to - December 1
na ST	(If ryral, givo LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Catherine S. Jan	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
7 W Watowed	20. DATE OF DEATH Suptember 28 1975 at 10 7: M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10 A Morest 9, - 1	a. 24 1845 to Shap 28 1845
7. Birth date ot	and that I last saw Des alive on South 27 19.45
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate cause of death
	tulinary Luberculose 16 yo
77 // 2/hrsmin.	
8. Birthpiace as comae Conty Da	Due to
(lown, county, and state)	
10. Usual occupation.	Due to.
11. Industry or business	DUG (V.
	200
12. Name	Other conditions
til 13. Birmplace	(Include pregnancy within 3 months of death)
14. Malden name 2	Major findings of operations.
15. Birthplace Comments	
\ \(\lambda \)	Date of op.
16. Informant Mala	Antopsy results
Address (sio meth, med	
Ren 1 801028/11	22. VIOLENCE: If death was due to external causes, till in the following:
(Burist, eremation, or removal, Whish?) Date thereof	Accident, suicide, or homicida
Cemeters or cremators MA Hally Butters	Where did injury occur?
Cemetery or crematory	
Location Organization	Injured at home, farm, industry, public place (where?)
19. Funeral director Beautiful of Land	Means of Injury Injured at work?
D. 2-1 21	1 0 1
Address Cross cocks 100	23. SIGNATURE & B. D. Ley tore M. D.
1. 9/28/45 L & tellism &	M. D. or other
(Date rec'd by registrar) Registrar	Address Cras Lell Med Date signed Sun 2-8



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rect	CERTIFICAT	TE OF DEATH Reg. Dist. No. 26/				
on carefully. The corclearly and legibly.	1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and rive nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants rive residence of mother) State				
on	How long to hospital or institution?	2.(a) If veteran, name war				
ormati death	Sarah & Whitting for	3. (b) Social Security Number				
item of inf causes of	4. Sex 5. Color for race 6. (a) Single, married, yldowed, or divorced Female Colored Ingred	MEDICAL CERTIFICATION 20. DATE OF DEATH LOCAL 20 1945, at 5 P. M.				
every it	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Copyright 18.4.3., to Supt 7.3. 18.4.5. and that I last saw here alive on Supt 2.3. 18.4.5.				
Supply ease wri	8. AGE: Years Many Days If less than one day 20	Immediate cause of death Annahalla Character C				
, Ta	9. Birihpiace Mariow, Somenet a Mills (Town, county, and state)	Due to.				
ADING INK Physicians:	1D. Usual occupation	Due to				
Gr.	12. Name USuac Cusus 13. Birthplace East Ville Va.	Other conditions				
WITH UN important.	14. Maiden name Nesse Handly St. Birthplace Marion Mala	(Include pregnancy within 3 months of death) Major findings of operations				
	16. Informant 9, H Whittingtony Address Marion Mad	Autopsy results. PHYStCIAN: Ftease underline the cause to which death should be charged statistically.				
PLAINLY, is especially	17 Durial Cremation, or removal. Which?) Date thereof the the thereof the the thereof the thereof the thereof the thereof the thereof the	_22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide				
WRITE	Cometery or crematory Family Committee Morion Location Marion, Some Cos Mo	Whera did Injury occur?				
	18. Funeral director G. W. Tilghman	Means of Injury Injured at work?				
PLEASE	19. (Date rec'd by registrar) 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SISNATURE S. CLESCASSILLE, TRANSPORTER Address Character Date signed 9-24-4-45				
	(Date rec'd by registrar) Registrar	Address Date signed 7 7 7				

MARGIN RESERVED FOR BINDING

